

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90139 044 ***150.00

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DOCUMENT # P02000044171

1. Entity Name
JONFRED, INC.



Principal Place of Business
**312 SOUTH DIXIE AVE.
FRUITLAND PARK FL 34731**

Mailing Address
**312 SOUTH DIXIE AVE.
FRUITLAND PARK FL 34731**

2. Principal Place of Business
**5400 S.W. College Rd
Suite, Apt. #, etc.
Unit 306**

3. Mailing Address

Suite, Apt. #, etc.

City & State
OCALA - FL

City & State

4. FEI Number
30-0083557

Applied For
Not Applicable

Zip
34474

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CYRUS, ROBERT R
214-A NORTH 3RD ST.
LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name **John LAPERLE**
Street Address (P.O. Box Number is Not Acceptable)
312 South Dixie Ave
City **Fruitland Park** FL Zip Code **34731**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **John Laperle**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.18.03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LAPERLE, JOHN**
STREET ADDRESS **312 SOUTH DIXIE AVE.**
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John Laperle**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.18.03 352314-3009

CR2E034 (10/02)